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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Westphal et al.)	Examiner:	LaRose, Colin M.
)		
Application No.:	10/649,277)	Attny Doc.:	31083.07US2
)		
Filing Date:	08/27/2003)	Art Unit:	2623
)		
Title:	System And Method For)		
	Image Compression, Storage)		
	And Retrieval)		

Response To Office Action

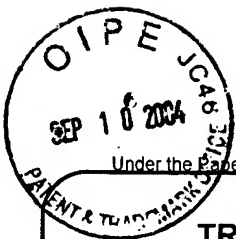
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated August 20, 2004, please amend the specification in the manner set forth on Page 2 of this response; please amend the claims in accordance with the listing of claims which begins on Page 3 of this paper; and please consider the remarks which begin on Page 11 of this paper.

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By: Ranni Matar
Ranni Matar



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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/649,277	
	Filing Date	08/27/2003	
	First Named Inventor	Geoffry A. Westphal	
	Art Unit	2623	
	Examiner Name	LaRose, Colin M.	
Total Number of Pages in This Submission	17	Attorney Docket Number	31083.07US2

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks - return postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Customer No. 34018, Gary R. Jarsik, Reg. No. 35,906
Signature	
Date	September 3, 2004

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